STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

ease type or print in ink

Candidate

FILE COPY A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Stephen W. Mayberg	•		, 916 \654-2309
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1600 9th Street, Rm. 151	Sacramento	CA 95814	
1. Office, Agency, or Cou	rt	4. Schedule Summa	ıry
Name of Office, Agency, or Court:		➡ Total number of pages	
Department of Mental Health		including this cover page	5
Division, Board, District, if applical	ole:		iles or "No reportable
Director's Office	•	interests."	
Your Position:		I have disclosed interests on one or more of the	
Director		attached schedules:	·
→ If filing for multiple positions, position(s): (Attach a separate	* * * *	Schedule A-1 X Yes Investments (Less than 10% O	
Agency: State Independent Livir	• • • • • • • • • • • • • • • • • • • •	Schedule A-2 X Yes — Investments (10% or greater Of	
Position: Member		Schedule B X Yes - Real Property	schedule attached
2. Jurisdiction of Office (c	Check at least one box)		schedule attached Positions (Income Other than Gifts
⊠ State		Schedule D	schedule attached
County of		Income – Gifts	
City of		Schedule E	schedule attached
Multi-County		Income – Travel Payments	·
Other		10-	'-
		No reportable interests	s on any schedule
3. Type of Statement (Che	ck at least one box)		
	ate:/	5. Verification	
Annual: The period covered is through December 31, 2006.	s January 1, 2006,		e diligence in preparing this
-or-			this statement and to the best
O The period covered is December 31, 2006.	J, through	attached schedules is true	ion contained herein and in any and complete.
Leaving Office Date Left: (Check one)		I certify under penalty of perj of California that the forego	ury under the laws of the State ping is true and correct.
O The period covered is Janu the date of leaving office.	ary 1, 2006, through	Date Signed A	3-20-07
or-			
O The period covered is the date of leaving office.	<i>J</i> , through	Sigr	-

FPPC Form 700 (2006/2007) FPPC Toll Free Heigline: 866/ASK-FPPC

O The period covered is _

Candidate

the date of leaving office.

__/____, through

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received Official Use Only

lease type or print in ink A Public Document				
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Stephen W. Mayberg	. '		916 654-2309	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS	
1600 9th Street, Rm. 151	Sacramento	CA 95814		
1. Office, Agency, or Court		4. Schedule Summa	ry	
Name of Office, Agency, or Court:		→ Total number of pages	_	
Gov.'s Comm. on Employment of Pe	eople w/Disabilities	including this cover page:	5	
Division, Board, District, if applicable:		→ Check applicable schedu interests."	les or "No reportable	
Your Position: Ex-officio member		I have disclosed interests attached schedules:	on one or more of the	
→ If filing for multiple positions, list a position(s): (Attach a separate she		Schedule A-1 X Yes - Investments (Less than 10% 0		
Agency:	1	Schedule A-2 X Yes -		
Position:		Schedule B 🔀 Yes –	schedule attached	
2. Jurisdiction of Office (Check	k at least one box)	Schedule C Yes - Income, Loans, & Business and Travel Payments)	schedule attached Positions (Income Other than Gifts	
State		1 .	schedule attached	
County of		Income – Gifts	bonodulo dilatorica	
City of		Schedule E		
Multi-County		Income - Travel Payments		
Other	<u> </u>	-or	-	
3. Type of Statement (Check a	t least one box)	No reportable interests	on any schedule	
_		5. Verification		
Annual: The period covered is Jan through December 31, 2006.	nuary 1, 2006,		diligence in preparing this his statement and to the best	
O The period covered is/	_/, through	of my knowledge the informati attached schedules is true a	on contained herein and in any and complete.	
Leaving Office Date Left:/(Check one)		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
O The period covered is January 1 the date of leaving office.	1, 2006, through	Date Signed	3-20-07	
- or -				

Signa

FPDC Form 700 (2006/2007) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Stephen W. Mayberg, Ph.D.

> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
General Electric	The state of the s
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$\infty\$ \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other (Describe)	Other (Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
> NAME OF BUSINESS ENTITY Intel	> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other (Describe)	Other(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 06 / / 06 ACQUIRED DISPOSED	/ / 06 / / 06 ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY Nokia	> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other (Describe)	Other (Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
)	
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Stephen W. Mayberg, Ph.D.

➤ 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
Stephen W. Mayberg, Ph.D.	
Name	Name
Address	Address
Check one	Check one
Trust, go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Psychological Services	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
S0 - \$499 X \$10,001 - \$100,000	☐ \$0 - \$499 ☐ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
1.001 - \$10,000	[_] \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a segarate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
The state of the s	income of vivious of more (made a separate street a necessary)
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box:
REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
, ,	
·	
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000/	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Stephen W. Mayberg, Ph.D.

STREET ADDRESS OR PRECISE LOCATION	> STREET ADDRESS OR PRECISE LOCATION
	·
CITY	CITY
Carnelian Bay, California	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 / / 06 / / 06	\$2,000 - \$10,000 \$\infty\$ \$2,000 - \$10,000 \$\infty\$ \$10,0
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	LeaseholdOther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ⊠ \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
,	
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
NAME OF LENDER*	NAME OF LENDER*
ADDRESS	ADDRESS
·	
BUSINESS ACTIVITY OF LENDER	BUSINESS ACTIVITY OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
	<u> </u>
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000
[\$1,000	
☐ Guarantor, if applicable	Guarantor, if applicable
/	

Comments: _

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink

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A Public Document

- 1			·	
NAME	(LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
	Dolezal	Flizabeth	Ann	(916) 541-2739
MAILING A	DDRESS STREET business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
•				·
		J		
1, Offi	ice, Agency, or Cour	t	4. Schedule Summa	ary
Name (of Office, Agency, or Court:		➡ Total number of pages	<u></u>
06	<u> </u>	1-1-	including this cover page	:
	n, Board, District, if applicab	α . ' Λ	→ Check applicable sched	ules or "No reportable
ant	. Healthcore Worldon	ce Policy Comm	interests."	an and ar mare of the
۱ ۸	osition:)	I have disclosed interests attached schedules:	on one or more or the
_ <u>U</u>	almussion Mumb	er	Schedule A-1 Ves -	schedule attached
l	iling for multiple positions, li		Investments (Less than 10% C	
, pos	sition(s): (Attach a separate	sneet in necessary.)	Schedule A-2 📋 Yes	schedule attached
Agenc	y:		Investments (10% or greater C)wnership)
l) Positio	n:		Schedule B	schedule attached
				schedule attached
/	isdiction of Office (C	theck at least one box)	Income, Loans, & Business and Travel Payments)	Positions (Income Other than Gifts
☑ Stat			Schedule D Yes -	schedule attached
	inty of	•	Income – Gifts	,
	of			schedule attached
☐ Mult	ti-County		Income – Travel Payments	
☐ Oth	er		-0	r-
			No reportable interest	ts on any schedule
3. Тур	e of Statement (Che			
As:	suming Office/Initial Da	te: 01 17 07	5. Verification	
│ │	nual: The period covered is	s January 1, 200 / ,		la dilinana in proporting this
thr	ough December 31, 2005.			le diligence in preparing this this statement and to the best
	-or-			ation contained herein and in any
	The period covered is December 31, 2005.	J, through	attached schedules is true	
Lea	aving Office Date Left:		I certify under penalty of per of California that the foreg	rjury under the laws of the State poing is true and correct.
	The period covered is Janu	ary 1, 2006, through		⊃∕∕
(the date of leaving office.		Date Signed/-3/-6	(month, day, year)
	-or- The period covered is	/ through		
	the date of leaving office.	<i>J</i> , intough	Signature	signed stellament with your filing official \

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

FAIR POLITICAL PRACTICES COMMISSION

Name

ELizabeth A Delezal

			•
> 1	NAME OF BUSINESS ENTITY Wichosoff	→ 1	NAME OF BUSINESS ENTITY
-	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Computer Industry Firm		
-	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
-	NATURE OF INVESTMENT	[NATURE OF INVESTMENT Stock
[Other (Describe)	[Other (Describe)
1	F APPLICABLE, LIST DATE:	1	IF APPLICABLE, LIST DATE:
	ا و و		
•	ACQUIRED DISPOSED	•	
→ i	NAME OF BUSINESS ENTITY	>	NAME OF BUSINESS ENTITY
	Pfixer Inc.	-	4
(GENERAL DESCRIPTION OF BUSINESS ACTIVITY	1	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
) .	Pharmacoutical Firm		And the state of t
/ 1	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000 \$10,001 - \$100,000
٠ [\$100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
ı	NATURE OF INVESTMENT		NATURE OF INVESTMENT
[Slock		Stock
[Other	:	Other
	(Describe)		(Describe)
. 1	F APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	<u>, , of _ , of</u>		<u> </u>
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
>	NAME OF BUSINESS ENTITY	>	NAME OF BUSINESS ENTITY
	<u>Soligman Communication</u>		
1	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	FAIR MARKET VALUE		FAIR MARKET VALUE
	□ \$2,000 - \$10,000		S2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Slock		NATURE OF INVESTMENT Stock
	Other		Other
)	(Describe) IF APPLICABLE, LIST DATE:		(Describe)
	9		
	ACQUIRED DISPOSED		
	1	l	
Co	mments:		•

the date of leaving office.

Candidate

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

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ease type or print in ink				
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TÉLEPHONE NUMBER	
Nolexal	Elizabeth	Ann	(916) 541-2739	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS	
(4.1.5)			·	
······································				
1. Office, Agency, or Co	urt	4. Schedule Summa	ary	
Name of Office, Agency, or Cour	i I	Total number of pages	0	
<u>Developmental</u> :	3enview	including this cover page	<u>. </u>	
Division, Board, District, if applie	cable:	➡ Check applicable schede	ules or "No reportable	
<u>Administration</u>	\	interests."	.	
Your Position:	Parrimora	I have disclosed interests attached schedules:	s on one or more of the	
Manager, Huma → If filing for multiple position position(s): (Attach a separ	nist additional agency(ies)/	Schedule A-1 Ves - Investments (Less than 10% (
Agency:		Schedule A-2 Yes - Investments (10% or greater C		
Position:	·	Schedule B Yes - Real Property	schedule attached	
2. Jurisdiction of Office (Check at least one box)		Schedule C		
State		Schedule D 📋 Yes	schedule attached	
County of	i 1	Income – Gifts		
City of			schedule attached	
Multi-County	' ' I	Income - Travel Payments		
Other		-0	r-	
3. Type of Statement (c	theck at least one box)	No reportable interest	ts on any schedule	
Assuming Office/Initial	Date:/ [
-		5. Verification		
Annual: The period covere through December 31, 200			le diligence in preparing this	
-Or	ŧ		this statement and to the best ation contained herein and in any	
O The period covered is	1	attached schedules is true		
_	15.51.100		rjury under the laws of the State	
Leaving Office Date Left: . (Check one)	10 / 01 / 2006	of California that the foreg	going is true and correct.	
The period covered is Je		lanen	11 2000	
the date of leaving office	, l	Date Signed 20100	month, day, year)	
) O The period covered is _	1 1			

Signature (File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Elizabeth Dolezal

> NAME OF BUSINESS ENTITY Microsoft	> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Industry Firm	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other (Describe)	Other(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 06 / / 06 ACQUIRED DISPOSED	
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
Pfixer Inc.	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical Firm	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000
	[
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other(Describe)	Other (Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 06 / / 06 ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
Seligman Communication	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \(\sigma \) \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
₩ Stock	Stock
Other (Describe)	Other (Describe)
(Describe) IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 06 // 06	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	